

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

## CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		2		1		
5		2		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10	1		1			
11		1		1		
12		1		1		
13	1		1			
14		1		1		
15		2		1		
16		2		1		
17		2		1		
18		2		1		
19	1		1			
20		1		1		
21		2		1		
22		2		1		
23		2		1		
24		2		1		
25		2		1		
26		2		1		
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45						
46						
47						
48						
49						
50						
TOTAL IND.	4		4			
TOTAL DEP.		24		22		
TOTAL CLAIMS		28		26		

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						